. No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19531

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5376

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ooo

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5757 Westminster 7
(If rural, give location) 5

(e) Citizen of foreign country? (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest-B- Wynn-

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male ~~White~~

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Betty-Lachterman (WYNN)

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July-17-1909 (Month) (Day) (Year)

8. AGE: Years 37 | Months 10 | Days 12 | If less than one day — hr. — min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation ACCOUNTANT-

11. Industry or business

FATHER
12. Name Morris. Weinstock
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name SARAH. Biebering
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Betty WYNN
(b) Address 5757 W Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bonhomme Cemetery

18. (a) Signature of funeral director Bernhardt E.S.
(b) Address 5010 Enright

19. (a) MAY 31 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....;
that I last saw h... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion of Spleen Laceration of Brain when he jumped from 11th floor of Chase Hotel Washington Theatre Bldg on May 29 1947 about 4:45 P.M.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) NH

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence May 29 1947

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place? (Specify type of place) Chase Hotel Bldg 6 above

While at work? (e) Means of injury

23. Signature Wm E Myers (M. D. or other) 3

Address Date signed 5/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Enter separately Cert file.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.